AU6 2 4 2005 2 Rec'd PCI/PTO 24 Adjoin 3 - 023 2 PUS1

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Therapeutic com	positions for	use in prophylax	is or treatment	of diarrheas		
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:						
Information -	The specification	ı was filed on		<u> </u>			as
For Use Without	United States A	oplication Number	r	<u></u>		applicable) and/or
Specification Attached:	and amended of	was filed on 30	June 2003		\"	пррисполе	_ as PCT
Attached.	International Ap	plication Number	June 2003 PCT/FI2003/0005	28			and was plicable)
	amended on		d and understand the co	ntents of the above id	entified enecification		•
	amended by any ame I acknowledge Regulations, \$1.56.	ndment referred to the duty to disclo	o above. ose information which is the same was ever known	material to patental	oility as defined in T	itle 37, Cod	de of Federal
·	thereof, or patented year prior to this applicat date of this applicat representative or ass patent or inventor's capplication by me or I hereby claim for inventor's certifica a filing date before the	or described in are polication, that the ion, that the inver- tion in any count igns more than to certificate on this my legal represen oreign priority be te listed below an lat of the application	y printed publication in same was not in public tion has not been patent try foreign to the Unite velve months (six month invention has been filed it atives or assigns, except nefits under Title 35, Unid have also identified belon on which priority is client.	any country before n use or on sale in the led or made the subject of States of America s for designs) prior to in any country foreign as follows. Ited States Code, \$119 ow any foreign applications.	ny or our invention to United States of Ame et of an inventor's cert on an application fit o this application, and to the United States	nereor or n rica more of hificate issu led by me that no a of America	nore than one than one year led before the or my legal pplication for a prior to this n(s) for patent if icate having
Insert Priority	Prior Foreign App			06/28/2002		•	_
Information:	20021275	- Finland			- Filed\	☑ Yes	□ No
(if appropriate)	(Number)	(Country)		(Month/Day/Year	r ruea)		
	20030564	Finland_		04/14/2003	- Titl - 4\	Ø	□ No
	(Number)	(Country)		(Month/Day/Year	т ғиеа)	Yes	
				04 11 10 101	- 171-4		□ No
	(Number)	(Country)		(Month/Day/Year	r Filed)	Yes	Ņo
	(Number)	(Country)		(Month/Day/Year	r Filed)	☐ Yes	□ No
	•	nefit under Title 3	5, United States Code, §1	19(e) of any United Sta	ates provisional applic	cations(s) li	sted below.
Insert Provisional Application(s): (if any)	(Application Numbe	г)		(Filing Date)			
	(Application Numbe	r)	_	(Filing Date)			
	All Foreign Applicat the Filing Date of Th		ny Patent or Inventor's Co	ertificate Filed More th	nan 12 Months (6 Mor	nths for De	signs) Prior to
	Country		Application Number	Date	of Filing (Month/Da	y/Year)	
Insert Requested Information: (if appropriate)							
	disclosed in the prio	r United States an wledge the duty , §1.56 which be	35, United States Code, ted below and, insofar a d/or PCT application in to disclose information versus available between tion.	ne manner provided in	oy ute inst paragrapit se patentability as def	ined in Tit	le 37, Code of
Insert Prior U.S Application(s): (if any)	(Application Number	er)	(Filing Date)	(Sta	t 1s - patented, pendin	g, abandor	ned)
Page 1 of 2 (Rev. 05/2004)	(Application Number	er)	(Filing Date)	(Sta	les - patented, pendin	g, abandor	ned)

10/518297

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorney bocket No. _______ this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

•							
Full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	ÅNGSTRÖM, Jonas	James Mysl	-	07-02-2005			
\\	Residence (City, State & Country)	0	CITIZENSHIP				
Insert Residence Insert Citizenship →	Göteborg, Sweden	SEX	Swedish	1			
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address i	ncluding City, State & Country)					
	de Geersgatan 12, S-416 57 Götebor	g, Sweden					
Full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	TENEBERG, Susann	Williams		07.02.2000			
マ	Residence (City, State & Country) Hindas, Sweden	- 4	CITIZENSHIP Swedish				
ا کر		SEF					
7	MAILING ADDRESS (Complete Street Address i Postbox 1639, S-430 63 Hindas, Swe	ncluding City, State & Country)					
· ·	POBCHOX 1639, B 430 63 MIMAD, GWC						
Full Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTORSGIGNATURE		DATE*			
see above	SAARINEN, Juhani	1 40		26,01,2009			
ର	Residence (City, State & Country) Helsinki, Finland		CITIZENSHIF Finnish				
U		<u> </u>					
<i>'</i> 5	MAILING ADDRESS (Complete Street Address including City, State & Country) Eljaksentie 3, FI-00370 Helsinki, Finland						
Full Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	GIVEN NAME/FAMILY NAME SATOMAA, Tero			26,01,2005			
Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP	26,01,2005			
Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland	INVENTORISCICNATURE		26,01,2005			
Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address)	INVENTOR'S SIGNATURE	CITIZENSHIP	26,01,2005			
Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland	INVENTOR'S SIGNATURE	CITIZENSHIP	26,81,2005			
Full Name of Fifth Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	CITIZENSHIP	26,01,2005			
Inventor, if any: see above	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME ROCHE, Niamh	INVENTOR'S SIGNATURE Country Co	CTTIZENSHIF Finnish	26,81,2005			
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Full Name of Fifth Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME ROCHE, Niamh Residence (City, State & Country) Västra Frölunda, Sweden	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE	CTTIZENSHIF Finnish	26,61,2005			
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Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address of Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME ROCHE, Niamh Residence (City, State & Country) Västra Frölunda, Sweden MAILING ADDRESS (Complete Street Address of Grevegårdsvägen 146/772, S-421 61 GIVEN NAME/FAMILY NAME NATUNEN, Järi	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE Including City, State & Country) Västra Frölunda, Sweden	CITIZENSHIF Finnish CITIZENSHIF Swedish	26,61,2005			
Full Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME SATOMAA, Tero Residence (City, State & Country) Helsinki, Finland MAILING ADDRESS (Complete Street Address is Raetie 10 K, FI-00700 Helsinki, Fi GIVEN NAME/FAMILY NAME ROCHE, Niamh Residence (City, State & Country) Västra Frölunda, Sweden MAILING ADDRESS (Complete Street Address is Grevegårdsvägen 146/772, S-421 61 GIVEN NAME/FAMILY NAME NATUNEN, Jari Residence (City, State & Country)	INVENTOR'S SIGNATURE Including City, State & Country) INVENTOR'S SIGNATURE Including City, State & Country) Västra Frölunda, Sweden	CITIZENSHIF Finnish CITIZENSHIF Swedish	26,61,2005			
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Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE

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		· · · · · · · · · · · · · · · · · · ·	2 A ALLOS	torney Docket No 9311-0232PUS1
ull Name of Seventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina	PROVER SIGNATURE	21100	DATE* 07-02.205
M	Residence (City, State & Country) Västra Frölunda, Sweden	Ct 1	CITIZENSHIP	
6	MAILING ADDRESS (Complete Street Address in		<u> </u>	· · · · ·
	Lantmilsgatan 20, S-421 37 Västra		•	TO A CITE OF
ull Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME KARLSSON, Karl-Anders	INVENTOR'S SIGNATURE		1.2.2005
n	Residence (City, State & Country) Göteborg, Sweden	SEV	CITIZENSHIP	
70	MAILING ADDRESS (Complete Street Address in Nilssonsberg 35, S-411 43 Göteborg	• •		
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	1	DATE 050202
- 10	ABUL-MILH, Maan Residence (City, State & Country)	/ Kan stream	CITIZENSHIP	
8-0	Angered, Sweden Sweden - MAIEING ADDRESS (Complete Street Address in	including City, State & Country)	Swedis	sh
	Kryddpeppargatan 75, S-424 53 Ange	ered, Sweden		
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSHII	,
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country)		CITIZENSHII	P
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
•	Residence (City, State & Country)		CTTIZENSHII	P
	MAILING ADDRESS (Complete Street Address	including City, State & Country)		
Full Name of Thirteenth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*

CITIZENSHIP

Full Name of Thirteenth Inventor, if any: see above

*DATE OF SIGNATURE

Residence (City, State & Country)

MAILING ADDRESS (Complete Street Address including City, State & Country)

Page 3 of 3 (Rev. 05/2004)

Attorney Docket No.,

0933-0232PUS1

STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Therapeutic com							
Fill in Appropriate	the specification of w	hich is attached h	ereto. If not attached l	nereto, the application	on is identified by the	attorney docket	number as set	
	forth above and/or th	ne following:					as	
Information -					·			
For Use Without Specification Attached:	United States Ap	ppucation Number	er			(if applicable	and/or	
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Insert Priority Information: (if appropriate)	I hereby state the amended by any ame I acknowledge Regulations, \$1.56. I do not know at thereof, or patented year prior to this applicate of this applicate of this applicate of this applicate or inventor's capplication by me or I hereby claim for the properties of the prior to the prior t	nat I have reviewed and ment referred the duty to disclude or described in a plication, that the invetion in any courigns more than treatificate on this my legal represeroreign priority but the listed below ar nat of the applicat	ed and understand the to above. lose information which the same was ever known printed publication and the total the	e contents of the above the isematerial to part own or used in the In in any country be olic use or on sale in tented or made the intented or made the intented States of Amonths for designs) pled in any country frept as follows. United States Code, below any foreign as claimed: 06/28/20 (Month/Day 04/14/20 (Month/Day	ove-identified specific tentability as defined United States of Ameri fore my or our invention in the United States of subject of an inventor terica on an application rior to this application oreign to the United States \$119(a)-(d) of any for application for patent of the control of the co	in Title 37, Co ica before my or tion thereof or n America more 's certificate issu- tion filed by men and that no a	the claims, as de of Federal our invention nore than one than one year ted before the or my legal pplication for a prior to this n(s) for patent tificate having	
	` '			e, §119(e) of any Unit	ted States provisional	applications(s) li	sted below.	
Insert Provisional	(Application Numbe			(Filing D	ate)			
Application(s): (if any)	(Application Number							
	(Application Number)			(Filing D	(Filing Date)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Numb	er	Date of Filing (Mont	h/Day/Year)		
Insert Requested Information: (if appropriate)								
	disclosed in the prio	application(s) is r United States as owledge the duty s. \$1.56 which be	nd/or PCT application to disclose information ecame available betw	in the manner prov	ited States and/or PC atter of each of the clarided by the first parage I to the patentability of of the prior applicat	graph of Title 35	, United States tle 37, Code of	
Insert Prior U.S Application(s): (if any)	(Application Number	er)	(Filing Date)		(Stat 15 - patented, p	ending, abandor	ned)	
Page 1 of 2 (Rev. 05/2004)	(Application Number	er)	(Filing Date)		(Stat as - patented, p	ending, abandor	ned)	

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Full Name of Seventh Inventor, if any:	GIVEN NAME/FAMILY NAME MILLER-PODRAZA, Halina	INVENTORS SIGNATURE		DATE*)				
A Share A special states and the special states and the special states are special states and the special states are special states and the special states are specia	Residence (City, State & Country) Västra Frölunda, Sweden		CITIZENSHII Swedis					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Lantmilsgatan 20, S-421 37 Västra	Frölunda, Sweden	•					
Full Name of Eight Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		(DATE)				
see above	KARLSSON, Karl-Anders	- Kanton	_	756. 2005				
	Residence (City, State & Country)		CITIZENSHII	P				
	Göteborg, Sweden		Swedia	sh 🔥				
	MAILING ADDRESS (Complete Street Address	including City, State & Country)						
	Nilssonsberg 35, S-411 43 Göteborg	g, Sw ed en						
Full Name of Ninth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE				
see above	ABUL-MILH, Maan	ラ メ		-5				
	Residence (City, State & Country)		CITIZENSHII	P				
	Angered, Sweden	Swedi	sh					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	Kryddpeppargatan 75, S-424 53 Ango	ered, Sweden						
Full Name of Tenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country) CITIZENSHIP							
	MAILING ADDRESS (Complete Street Address	including City, State & Country)						
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSH	IP				
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)						

Page 3 of 3 (Rev. 05/2004)

*DATE OF SIGNATURE

10/5/8297

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

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all Name of First or Sole inventor: sert Name of Inventor sert Date This Document is Signed	GIVEN NAME/FAMILY NAME ANGSTROM, Jonas	INVENTOR'S SIGNATURE	1	DATE*
Document is Signed sert Residence sert Citizenship →	Residence (City, State & Country) Göteborg, Sweden		CITIZENSHIP Swedish	
sert Post Office Address →	MAILING ADDRESS (Complete Street Address de Geersgatan 12, S-416 57 Götebo	• •	<u> </u>	
ill Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME TENEBERG, Susann	INVENTOR'S SIGNATURE		DATE*
	Residence (City, State & Country) Hindås, Sweden		CITIZENSHIP Swedish	· ·
	MAILING ADDRESS (Complete Street Address Postbox 1639, S-430 63 Hindas, Sw		.	
til Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME SAARINEN, Juhani	INVENTORSGIGNATURE		DATE)
	Residence (City, State & Country) Helsinki, Finland	V	CITIZENSHIP Finnish	
	MAILING ADDRESS (Complete Street Address Eljaksentie 3, FI-00370 Helsinki,	s including City, State & Country) Finland		and the same
ill Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME SATOMAA, Tero	INVENTOR SEIGNATURE	_	DATE:
	Residence (City, State & Country) Helsinki, Finland	· · · · · · · · · · · · · · · · · · ·	CTTIZENSHIP Finnish	
į	MAILING ADDRESS (Complete Street Address Raetie 10 K, FI-00700 Helsinki, F	s including City, State & Country) inland		
all Name of Fifth Inventor, if any: ace above	GIVEN NAME/FAMILY NAME ROCHE, Niamh	INVENTOR'S SIGNATURE	'le	DATE:
Q,D°	Residence (City, State & Country) Västra Frölunda, Sweden	SEA	CITIZENSHIP Swedish	1
\	MAILING ADDRESS (Complete Street Address Grevegårdsvägen 146/772, S-421 6:			
ill Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME NATUNEN, Jari	INVENTOR'S SIGNATURE		DATE 5 25.1.2005
	Residence (City, State & Country) Vantaa, Finland		CITIZENSHIP	
	MAILING ADDRESS (Complete Street Addres Oolannintie 10 E 18, FI-01520 Var	s including City, State & Country) ntaa, Finland		

Page 2 of 2 (Rev. 05/2004)

*DATE OF SIGNATURE